

**Political Organization
Report of Contributions and Expenditures**

OMB No 1545-1696

▶ See Separate instructions.

A For the period beginning **January 1**, 20 **13** and ending **June 30**, 20 **13**

B Check applicable boxes ☒ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization
International Brotherhood of Electrical Workers Local Union 480
Employer identification number
91-2100365

2 Mailing address (P.O. Box or number, street, and room or suite number)

P. O. Box 721119

City or town, state, and ZIP code

Byram, MS 39272-1119

3 E-mail address of organization

linda@ibew480.org

4 Date organization was formed

March 29, 1927

5a Name of custodian of records

John H. Smith, Jr.

5b Custodian's address

P. O. Box 721119

Byram, MS 39272-1119

6a Name of contact person

John H. Smith, Jr.

6b Contact person's address

P. O. Box 721119

Byram, MS 39272-1119

7 Business address of organization (if different from mailing address shown above) Number, street, and room or suite number

4767 I-55 South

City or town, state, and ZIP code

Jackson, MS 39212

8 Type of report (check only one box)

a ☐ First quarterly report (due by April 15)

b ☐ Second quarterly report (due by July 15)

c ☐ Third quarterly report (due by October 15)

d ☐ Year-end report (due by January 31)

e ☒ Mid-year report (Non-election
year only-due by July 31)

f ☐ Monthly report for the month of _____
(due by the 20th day following the month shown above, except the
December report, which is due by January 31)

g ☐ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election _____
(2) Date of election: _____
(3) For the state of _____

h ☐ Post-general election report (due by the 30th day after general election)
(1) Date of election _____
(2) For the state of _____

9 Total amount of reported contributions (total from all attached **Schedules A**)

9

-0-

10 Total amount of reported expenditures (total from all attached **Schedules B**)

10

-0-

**Sign
Here**

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete

Signature of authorized official

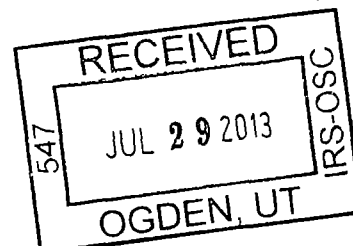
Date

7/23/13

For Paperwork Reduction Act Notice, see separate instructions.

Cat No 30406G

Form **8872** (11-2002)



| Schedule A Itemized Contributions | | Schedule A page 2 of 3 |
|---|---|---|
| Name of organization International Brotherhood of Electrical Workers | | Employer identification number 91:2100365 |
| Contributor's name, mailing address and ZIP code | Name of contributor's employer | Amount of contribution |
| | Contributor's occupation | \$ -0- |
| | Aggregate contributions year-to-date . . . ▶ \$ | Date of contribution |
| Contributor's name, mailing address and ZIP code | Name of contributor's employer | Amount of contribution |
| | Contributor's occupation | \$ |
| | Aggregate contributions year-to-date . . . ▶ \$ | Date of contribution |
| Contributor's name, mailing address and ZIP code | Name of contributor's employer | Amount of contribution |
| | Contributor's occupation | \$ |
| | Aggregate contributions year-to-date . . . ▶ \$ | Date of contribution |
| Contributor's name, mailing address and ZIP code | Name of contributor's employer | Amount of contribution |
| | Contributor's occupation | \$ |
| | Aggregate contributions year-to-date . . . ▶ \$ | Date of contribution |
| Contributor's name, mailing address and ZIP code | Name of contributor's employer | Amount of contribution |
| | Contributor's occupation | \$ |
| | Aggregate contributions year-to-date . . . ▶ \$ | Date of contribution |
| Contributor's name, mailing address and ZIP code | Name of contributor's employer | Amount of contribution |
| | Contributor's occupation | \$ |
| | Aggregate contributions year-to-date . . . ▶ \$ | Date of contribution |
| Contributor's name, mailing address and ZIP code | Name of contributor's employer | Amount of contribution |
| | Contributor's occupation | \$ |
| | Aggregate contributions year-to-date . . . ▶ \$ | Date of contribution |
| Contributor's name, mailing address and ZIP code | Name of contributor's employer | Amount of contribution |
| | Contributor's occupation | \$ |
| | Aggregate contributions year-to-date . . . ▶ \$ | Date of contribution |
| Contributor's name, mailing address and ZIP code | Name of contributor's employer | Amount of contribution |
| | Contributor's occupation | \$ |
| | Aggregate contributions year-to-date . . . ▶ \$ | Date of contribution |
| Contributor's name, mailing address and ZIP code | Name of contributor's employer | Amount of contribution |
| | Contributor's occupation | \$ |
| | Aggregate contributions year-to-date . . . ▶ \$ | Date of contribution |
| Subtotal of contributions reported on this page only Enter here and also include this amount in the total on line 9 of Form 8872 ▶ | | \$ -0- |

| | | |
|--|--|---|
| Schedule B Itemized Expenditures | | Schedule B page 3 of 3 |
| Name of organization International Brotherhood of Electrical Workers | | Employer identification number 91 2100365 |

| | | |
|--|------------------------------|-----------------------|
| Recipient's name, mailing address and ZIP code | Name of recipient's employer | Amount of expenditure |
| | | \$ |
| | Recipient's occupation | Date of expenditure |
| Purpose of expenditure | | |

| | | |
|--|------------------------------|-----------------------|
| Recipient's name, mailing address and ZIP code | Name of recipient's employer | Amount of expenditure |
| | | \$ |
| | Recipient's occupation | Date of expenditure |
| Purpose of expenditure | | |

| | | |
|--|------------------------------|-----------------------|
| Recipient's name, mailing address and ZIP code | Name of recipient's employer | Amount of expenditure |
| | | \$ |
| | Recipient's occupation | Date of expenditure |
| Purpose of expenditure | | |

| | | |
|--|------------------------------|-----------------------|
| Recipient's name, mailing address and ZIP code | Name of recipient's employer | Amount of expenditure |
| | | \$ |
| | Recipient's occupation | Date of expenditure |
| Purpose of expenditure | | |

| | | |
|--|------------------------------|-----------------------|
| Recipient's name, mailing address and ZIP code | Name of recipient's employer | Amount of expenditure |
| | | \$ |
| | Recipient's occupation | Date of expenditure |
| Purpose of expenditure | | |

| | | |
|--|------------------------------|-----------------------|
| Recipient's name, mailing address and ZIP code | Name of recipient's employer | Amount of expenditure |
| | | \$ |
| | Recipient's occupation | Date of expenditure |
| Purpose of expenditure | | |

| | | |
|--|--|---------------|
| Subtotal of expenditures reported on this page only Enter here and also include this amount in the total on line 10 of Form 8872 ▶ | | \$ -0- |
|--|--|---------------|

